ADDING IT UP
The costs and benefits of investing in family planning and maternal and newborn health
In 2003 Guttmacher released the first *Adding It Up* report, which documented the benefits and costs of fully meeting the need for family planning services in developing countries. That report has long been a critical tool for policymakers and advocates.


This new report expanded its analysis looking at the benefits of fully meeting the need for family planning, fully meeting the need for maternal and neonatal healthcare, and most significantly what happens when you meet both of these needs simultaneously.

This new report is unique in its reach.

Previous reports have documented the impact of providing family planning or maternal and newborn health services on their own; this report documents what happens when you provide both types of services simultaneously.

We found that these interventions are synergistic: Providing family planning and maternal and newborn health services simultaneously saves more lives and costs less than focusing on either intervention alone.

In 2010 the World Health Organization issued new estimates of maternal and neonatal mortality. Using the new data the findings of the report were updated, reflected in this presentation and the Adding It Up report and fact sheets, which are available on the Guttmacher website. <http://www.guttmacher.org/media/nr/2010/11/16/index.html>.

Key Findings

Simultaneously meeting the needs for family planning services and maternal and newborn health care in the developing world would

- cut maternal deaths by more than two-thirds;
- reduce newborn deaths by more than half; and
- generate a range of other benefits, such as reducing poverty and helping countries achieve economic development goals.

Investing in family planning would reduce maternal and newborn health care costs.

GLOBAL CONTEXT
Uneven Progress
Unintended pregnancy has declined, at least slightly, in all major developing regions since 1995. This progress can be attributed in large part to greater use of modern contraceptives.

However, unintended pregnancy rates in developing countries remain much higher than they are in developed nations.


Asia and Latin America are reaching levels of contraceptive use comparable to those in the developed world, but use is still extremely low in Africa.

In this report women with unmet need for contraception are defined as those who want to avoid a pregnancy but are not using a modern contraceptive method.

Other publications may not define women using traditional methods as having unmet need. However, the Adding It Up report focuses on unmet need for modern contraceptives because traditional methods, such as periodic abstinence and withdrawal, are much more likely to fail than are modern methods.

More progress is needed in maternal and newborn care

Of the 123 million women giving birth each year...

60 million make too few or no antenatal visits

55 million do not deliver in a health facility

21 million have obstetric complications that go untreated

= 10 million

Unsafe abortion and its consequences are all too common

- 20 million women have unsafe abortions each year
- 8.5 million experience complications that require medical treatment
- 3 million of these women do not get the care they need

= 10 million

In measuring access to maternal care healthcare, the report looked at access in low, lower-middle, and upper-middle developing countries.

Ideally, all women would receive appropriate antenatal and delivery services, but as you can see in this slide, even within developing countries there are wide disparities in care. While developing countries that are classified as being upper-middle income 76% of women receive the recommended number of antenatal visits, while in low-income developing countries only 38% of women receive this care.

A similar pattern exists with delivery in a health facility.

I will present the three scenarios this report looked at:

1. The first is what happens when you fully meet the need for modern family planning services
2. The second is what happens when you fully meet the need for maternal and newborn care
3. And the third scenario, which is at the center of this report, looks at what happens when you meet both of these needs simultaneously

SCENARIO 1
Meeting the need for modern family planning services
• The current level of contraceptive services costs $3.1 billion. However, 215 million women in developing nations still have an unmet need for modern contraceptive methods.

• Meeting 100% of the need would require an additional investment of $3.6 billion, bringing the total cost to $6.7 billion.

• About one-third of this total would go toward direct costs—that is, labor, contraceptive commodities and other supplies.

• The rest would be for program and systems costs, including management, public education, monitoring and evaluation, human resources training, improving commodity supply systems, and maintaining and expanding health system infrastructures.

• Fully meeting the unmet need for family planning services would have a dramatic impact, as you can see from the slide. Unintended pregnancies would drop by 71%, from 75 million to 22 million.
• The number of abortions would decline by 25 million.
• And there would be 680,000 fewer maternal and newborn deaths.

SCENARIO 2
Meeting the need for maternal and newborn health services
• In 2008, the cost of providing maternal and newborn health care in the developing world was $8.7 billion.
• It would cost an additional $14 billion to provide basic maternal and newborn health care to all who need it, bringing the total cost to $23 billion per year to provide the WHO-recommended standard of care to all pregnant women in the developing world.
• On the right hand side of the slide you can see how those costs are broken out.

The result of this intervention is dramatic and we would see steep reductions in maternal and newborn deaths. Compared with current levels, 100% coverage would result in annual declines of 57% in the number of maternal deaths (from 356,000 to 153,000) and 42% in newborn deaths (from 3.2 million to 1.8 million).

Now let's look at what happens when you invest simultaneously in both family planning and maternal and newborn healthcare. As you will see doing so has a tremendous impact—much greater than provider either service on its own, both in terms of cost savings and improved health outcomes.
Meeting the developing world’s need for maternal and newborn care alone would cost $26.1 billion. However, if the needs for both contraceptive and maternal and newborn care were addressed simultaneously, the total cost of providing these services in developing nations would be $24.6 billion—that is, $1.5 billion dollars less than providing the latter set of services alone.

• Though meeting the unmet need for family planning would represent an increase in costs over what is currently spent, the corresponding increase in contraceptive use would lead to a reduction in unintended pregnancies.

• Look at the orange segment of the bar charts, which represents the costs of providing maternal and newborn care for unintended pregnancies.

• As you can see, meeting the need for family planning services results in a steep decline in unintended pregnancy. As a result, spending on maternal and newborn care related to unintended pregnancy declines, from $6.9 billion to $1.8 billion.

• This $5.1 billion drop in cost results from the additional $3.6 billion investment on contraceptive services breaks down to a savings of $1.40 for each dollar spent on contraceptive care.

The benefits of meeting the needs for both family planning and maternal and newborn health care in the developing world would be extraordinary—far greater than meeting either set of needs alone.

Note: The sum of the births, abortions and miscarriages is not exactly equal to the number of unintended pregnancies because of rounding.

Maternal deaths would decline by 71% if family planning and maternal health care needs were met.

**Sources:** Singh S et al., *Adding It Up: The Costs and Benefits of Investing in Family Planning and Maternal and Newborn Health*, New York: Guttmacher Institute and UNFPA, 2009; and Guttmacher Institute, *Facts on investing in family planning and maternal and newborn health, In Brief*, New York: Guttmacher Institute, 2010.
Africa, the region of the world with the highest maternal mortality levels, would see the greatest gains from investments in family planning and maternal and newborn health services. If the need for both modern family planning and maternal and newborn care were met, 57% of the total reduction in maternal deaths would occur in this region.

As you can see, the dual investment strategy is cost-effective and saves more lives.

Because of the far-reaching benefits of improving health among women and children, increasing investment in family planning and maternal and newborn health services improves the lives of families, communities, and ultimately nations, promoting their economic development and accelerating their progress towards achieving the Millennium Development Goals.

It is difficult to think of a more effective investment that national governments and funding organizations can make.

Thank You

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For more information, visit [www.guttmacher.org](http://www.guttmacher.org).